



U.S. DEPARTMENT OF COMMERCE, NOAA
NOAA FISHERIES PERMITS TEAM, F/SER22
9721 EXECUTIVE CENTER DRIVE N.
ST. PETERSBURG, FL 33702
727/570-5326 (8 am - 4:30 pm EST)
<http://caldera.sero.nmfs.gov>

OMB No. 0648-0205
Approval Expires: 12/31/2003

INITIAL FEDERAL PERMIT APPLICATION FOR VESSELS FISHING FOR SHRIMP IN THE GULF OF MEXICO EEZ

Please Print Legibly or Type

Application Fee:\$50	FOR OFFICE USE ONLY	
	CHECK/MONEY ORDER NO.:	EXPIRATION DATE:
	REVIEWER'S INITIALS/DATE:	

SECTION 1 VESSEL INFORMATION - Coast Guard Documentation and/or State Registration **Must** Be Provided

NAME OF VESSEL	CG DOC. OR STATE REG. NO. (OFFICIAL NUMBER)	YEAR BUILT	HULL IDENTIFICATION NUMBER	
HOMEPORT (CITY & STATE)	LENGTH (FT.)	ENGINE HORSEPOWER	FUEL CAPACITY (GAL.)	FUEL TYPE
HULL TYPE (e.g., Fiberglass, Wood, Steel)	GROSS TONNAGE	NET TONNAGE	HOLD CAPACITY (TONS)	

SECTION 2 VESSEL OWNERSHIP INFORMATION

If you are applying for a permit and the vessel owner is a corporation or a partnership (owned by more than one person), provide **ALL** names, addresses and dates of birth of the shareholders or partners in the space provided below. If more space is needed, please attach an additional sheet of paper.

OWNER NAME (Individual, Corporation, or Responsible Partner)				ID NUMBER (office use only)		AREA CODE/PHONE NO.	
MAILING ADDRESS				CITY			
STATE	ZIP CODE	FEDERAL IDENTIFICATION NUMBER	DATE OF BIRTH OR DATE CORPORATION FORMED		MONTH	DAY	YEAR
SECOND OWNER/PARTNER/SHAREHOLDER/OFFICER'S NAME				AREA CODE/PHONE NO.			
MAILING ADDRESS				CITY			
STATE	ZIP CODE	DATE OF BIRTH:	MONTH	DAY	YEAR	ID NUMBER (office use only)	
THIRD OWNER/PARTNER/SHAREHOLDER/OFFICER'S NAME (Attach Additional Sheets if Needed)				AREA CODE/PHONE NO.			
MAILING ADDRESS				CITY			
STATE	ZIP CODE	DATE OF BIRTH:	MONTH	DAY	YEAR	ID NUMBER (office use only)	

SECTION 3 LESSEE INFORMATION (INFORMATION ON PERSON LEASING A VESSEL)

LESSEE NAME	DATE OF BIRTH OR DATE CORP. FORMED		ID NUMBER (office use only)			
	MONTH	DAY	YEAR			
MAILING ADDRESS	CITY		AREA CODE/PHONE NO.			
STATE	ZIP CODE	FEDERAL IDENTIFICATION NUMBER	LEASE EXPIRATION DATE	MONTH	DAY	YEAR

SECTION 4 GEAR INFORMATION

How do you store your shrimp on board your vessel? Freezer ☐ Ice ☐

How do you harvest your shrimp? Shrimp Trawl Other type of harvesting gear _____

SECTION 5 SIGNATURE (All Applications must be signed and dated)

The undersigned certifies that he/she meets all applicable requirements for the requested permit.

Owner's Signature: _____

Date Signed: _____

Position Title if Vessel is Owned by a Corporation/Partnership: _____

Revised: 07/30/2002

INSTRUCTIONS (Incomplete or illegible applications will be returned.)

1. Sections 1, 2, 4, and 5 must be completed or application will be returned. Complete Section 3 only if applicable.
2. The application fee is **\$50**. A **non-refundable** check or money order made payable to the **U.S. TREASURY** must accompany each application.
3. The following information must accompany the application to be considered complete: **copy of current U.S. Coast Guard Documentation or state registration** and check/money order in the amount of \$50. Provide a copy of the current lease agreement, and active articles of incorporation and annual business report, where applicable (see Sections 2 and 3 below). The application package must be mailed to: NOAA Fisheries (F/SER22), 9721 EXECUTIVE CENTER DRIVE N., ST. PETERSBURG, FL 33702. If you have a question regarding the application or qualification criteria, please call 727/570-5326 between 8 am - 4:30 pm EST. If you would like your permit and associated documents returned to you via overnight mail, enclose a Federal Express mailing label complete with your physical delivery address (Post Office Box addresses are not acceptable for Federal Express mailings), telephone number, and account number, or credit card number with expiration date.

Please Note: In accordance with Federal regulations, any change in your permit information must be reported to the NOAA Fisheries Regional Administrator within 30 days of the change.

SECTION 1 Most applicable information can be found on the U.S. Coast Guard Documentation or State Registration for the vessel.

SECTION 2 Enter the information of the person shown as the “**owner**” on the vessel’s certificate of documentation or, if not documented, on the state registration certificate. If the person shown as the “**owner**” is a corporation or partnership, enter the Federal ID number and date the corporation/partnership was formed; all officers and/or shareholders of the corporation must also be listed (address, phone numbers, birth dates). If the vessel is owned by more than one person, all partners must be listed. **Attach an additional sheet of paper if necessary to list all officers, shareholders, and/or partners**. If the vessel is corporately owned, a copy of the Articles of Incorporation and a copy of the active annual business report must be submitted. **An inactive corporation will not be issued a permit.**

SECTION 3 Complete this section only when the vessel is being operated under a lease or other written management agreement that bestows control over the destination, function or operation of the vessel to a person other than the vessel owner shown in Section 2 of this application. Enter the date of expiration of the lease or written management agreement. If such lease or written management agreement exists, the controlling person is the owner for the purposes of the permit. You must submit a copy of current lease agreement that is signed by all parties.

SECTION 4 Indicate in the space provided, the method used to store shrimp onboard the fishing vessel, and the type of gear you use to harvest shrimp in the Gulf of Mexico.

SECTION 5 The application must be signed by the vessel owner applying for the license. If corporate/partnership owned, the application must be signed by an officer or shareholder of the corporation.

KNOWINGLY SUPPLYING FALSE INFORMATION OR WILLFULLY OVERVALUING ANY FISHING INCOME FOR THE PURPOSE OF OBTAINING A PERMIT IS A VIOLATION OF FEDERAL LAW PUNISHABLE BY A FINE AND/OR IMPRISONMENT.

Public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other suggestions for reducing this burden to Robert Sadler, NOAA Fisheries, F/SER22, 9721 Executive Center Drive N., St. Petersburg, FL 33702.

All data submitted will be handled as confidential material in accordance with NOAA **Administrative Order 216-100, Protection of Confidential Fishery Statistics**. Notwithstanding any other provisions of the law, no person is required to respond to, nor shall any person be subjected to a penalty for failure to comply with, a collection of information subject to the requirements of the Paperwork Reduction Act, unless that collection of information displays a currently valid OMB Control Number.